• PATENT	RD		10/2/2 050								
		10/7/2,059									
	CLAIMS A	(Column			umn 2)	SMA TYP		ENTITY	OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS		10)			P	RATE	FEE	7	RATE	FEE
FOR		NUMBER		NUME	BER EXTRA	BAS	SIC FE	E 1395	S OR		
TOTAL CHARGE	ABLE CLAIMS	/è mir	inus 20=	*	./	×	(\$ 25		OR	x:50]
INDEPENDENT C	·	1 /	ninus 3 =	*	7	<u> </u>	(100		OR	V:0 A=	
MULTIPLE DEPEN	NDENT CLAIM P	RESENT		- 1.			•		7	a	,
* If the difference	e in column 1 is	less than z	ero, ente	r "0" in	column 2	•	SD. C	 	OR	040	-20
	CLAIMS AS A	·			•	10	DTAL		OR		770.
	(Column 1)	(IVIIa) var.	(Colun	mn 2)	(Column 3)	. SI	/ALL	ENTITY	OR	OTHER SMALL E	
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	IBER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE/
Total	* 10	Minus	** 2	20	=	X:	\$ 25		OR	X\$ 50	1
Independent	· /	Minus	***	3	= /		100		OR	14.4	1
FIHS I PHESE	ENTATION OF MU	JLTIPLE UEF	PENDENI	CLAIM		1	•		1 [
				•			TOTAL		OR	+ 360 TOTAL	
	(Column 1) (Column 2) (Column 3)								OR ,	ADDIT. FEE	<u></u>
œ	(Column 1) CLAIMS REMAINING		(Colum HIGHE NUME	EST	(Column 3)	<i></i>		ADDI-	ı. Ç		ADDI-
MENT	AFTER AMENDMENT		PREVIO PAID F	OUSLY	PRESENT EXTRA	R.₄	ATE	TIONAL FEE		RATE	TIONAL FEE
	*	Minus	**		= .	X\$	25		OR	X\$ 50	
independent	* ENTATION OF MU	Minus	***	- OL AILA	=	×	100		OR	X 200	
FINOTETILOL	NIAHON OF MO	ILTIPLE DET	ENUEIN	CLAIM			186		OR		
	- ,-,					T	OTAL	-	OB L	360.	· ·
	(Column 1)		(Colum	0)	(Column 3)	ADDIT	. FEE 1	استنسا	Un A	ADDIT. FEE	
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EST BER DUSLY	PRESENT EXTRA	RA*	JE	ADDI- TIONAL	ſ	RATE	ADDI- TIONAL
Total		Minus	**	<u>U</u>	=	xs	25	FEE		X\$ 50	FEE
Independent	<u> </u>	Minus :	***		=	-			OR -		
FIRST PRESE		100		OR _	×200						
# If the entry in colu	# Hither control is noticed at the first the south to solve 90 to 50 in solve 9								OR	+360	
** If the "Highest Nur	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OR A	TOTAL ADDIT, FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											

Application or Docket Number